

South Dakota Board of Pharmacy
4305 South Louise Avenue, Suite 104
Sioux Falls, SD 57106
Phone 605-362-2737 Fax 605-362-3738
www.pharmacy.sd.gov

Notice of Change of Pharmacist-in-Charge

(Must be reported within 10 days of effective date)

Pharmacy Permit Number _____ Date _____

Name of Pharmacy _____

Address of Pharmacy _____

This is to advise that _____ holding

RPh license number _____ will assume the duties of Pharmacist-in-Charge

at the above identified pharmacy on _____
(effective date)

He/She is replacing _____
(Name of PIC being replaced)

Name of Corporate Officer or Proprietor submitting notice

Signature of person submitting notice

I agree to assume the duties and responsibilities as the pharmacist-in-charge at the above identified pharmacy and am aware of my personal liability for violation of the South Dakota Pharmacy Laws and Rules. I am aware of the need to inventory controlled dangerous substances at the time I assume the position of Pharmacist-in-Charge and when I leave this pharmacy.

(Signature of Incoming Registered Pharmacist-in-Charge)

(Date)